

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-1)

04766

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH Charles
 County Rural Waldorf md
 City or town (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 year
 Hospital, Institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State md County Charles
 City or town Rural Waldorf md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)

3. (a) FULL NAME

John D. Anderson

4. Sex <u>M</u>	5. Color or race <u>W</u>	6.(a) Single, married, widowed, or divorced <u>Married</u>
-----------------	---------------------------	--

6.(b) Name of husband or wife Hattie

7. Birth date of deceased (mo. day, yr.) Nov 28 - 1874 6.(c) If alive, give age years

8. AGE: Years 71 Months 7 Days If less than one day
 hrs. min.

9. Birthplace Wilkes Co N.C. (Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER 12. Name William Anderson
 13. Birthplace Wilkes Co N.C.

MOTHER 14. Maiden name Martha Nance
 15. Birthplace Wilkes Co N.C.

16. Informant Imogene Anderson
 Address Waldorf md

Burial 17. Date thereof 5-1-46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hill Crest Burial Plot
 Location Glenelgland md

18. Funeral director Hunt & Ryon
 Address Waldorf md

VS A15 T
 19. Date rec'd by registrar 5-29 19. 46 M. D. or other
 (Date rec'd by registrar) M. L. McRae Louis L. Gareis no.
 Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH May 28 1946 at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 10 1946 to May 28 1946 and that I last saw him alive on May 27 1946.

Immediate cause of death Arteriosclerotic Cardio-
vascular Disease

Due to Arteriosclerosis DURATION 15 yrs.

Due to

Other conditions Bronchitis DURATION 15 yrs.

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury Injured at work? 23. SIGNATURE Louis L. Gareis no. M. D. or otherAddress Hughesville md Date signed May 28 1946

VED

JUN 1 194

BUREAU V.E.

Evidence for the addition of MARYLAND STATE DEPARTMENT OF HEALTH
sex is shown on

2411 N. Charles St., Baltimore (BPA)

04767

FILM No. I 04 MAY 24 1946.

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

County.....

Charles

City or town.....

La Plata

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Physicians Memorial Hospital

How long in hospital or institution?

3. (a) FULL NAME

Mary Elizabeth

Bateman

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife.....

Les. E. Bateman

7. Birth date of deceased (mo., day, yr.)

Feb. 24, 1877

6. (c) If alive, give age..... years

8. AGE: Years

69

Months

2

Days

11

If less than one day

hrs.

min.

9. Birthplace.....

St. Marys Co., Maryland

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Philip Brown

MOTHER FATHER

12. Name.....

Philip Brown

13. Birthplace

Unknown

14. Maiden name.....

Georgeanna Mattingly

15. Birthplace

Unknown

16. Informant.....

Mrs. Dorothy Barlow

Faulkner, Md.

Address

Burial Date thereof..... *5-8-46*
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory.....

Mt. Rest

Location.....

La Plata, Md.

18. Funeral director.....

Wright & Ryan

Address

Walney, Md.

19. *5-8-46* (Date rec'd by registrar)

19.

Julia H. Pasey
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland

County.....

Charles

City or town.....

La Plata

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

MEDICAL CERTIFICATION

20. DATE OF DEATH

5. 5

1946 at 1³⁰ PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

5-1 1946 to *5-5 1946*

and that I last saw him alive on *5-5 1946*

Immediate cause of death.....

Nephritis

Due to.....

Nephritis

Due to.....

Other conditions *Hypertension (Secondary)* ?

(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

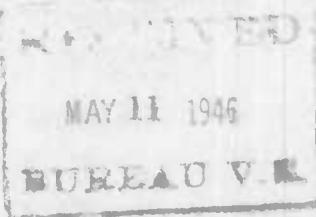
Injured at work?

23. SIGNATURE

S. Gedelen M.D.

M.D. or other

Address.....



COMMERCIAL
MESSAGE CLEARED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (BHD)

04768
105

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Charles
 County
 City or townBryantown md
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME
William Ignatius Boarman

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
<u>M</u>	<u>W</u>	<u>Singh</u>

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1883

8. AGE: Years 63 Months 3 Days 22 If less than one day
 hrs. min.

9. Birthplace Bryantown md
 (Town, county, and state)

10. Usual occupation Coin merchant

11. Industry or business

12. Name Dr William J Boarman

13. Birthplace Bryantown md

14. Maiden name Estatee Gardner

15. Birthplace Chaptico md

16. Informant Mrs Gladys Williams

Address Bryantown md

17. Burial Date thereof 6-1-46

(Burial, cremation, or removal. Which?)

Cemetery or crematory St Mary

Location Bryantown md

18. Funeral director Hunt & Ryan

Address Woodbury md

19. (Date rec'd by registrar) May 31 1946

Register J H Pyke

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State MD County Charles
 City or town Bryantown md
 (If outside city or town limits, write RURAL and give nearest town)

Street No.
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30th 1946 at 2³⁰ P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 28th 1946 to May 30 1946 and that I last saw him alive on May 30 1946

Immediate cause of death Tremor

DURATION 1 month

Due to Chronic Glomerular Nephritis

6 months

Due to Arteriosclerotic Disease of the Kidneys

19 46

Other conditions Benign Prostatal Hypertrophy

19 46

Causes Polyuria (Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE Louis C Garcia MD

M. D. or other MD

Address Hughesville, MD Date signed May 31, 1946



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 142

CERTIFICATE OF DEATH

Reg. Dist. No. 0477b5

1. PLACE OF DEATH:

County..... Charles

City or town..... Waldorf

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

George J. Garrison

4. Sex Male | 5. Color or race White | 6. (a) Single, married, widowed, or divorced Wid

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Dec 12 - 1890 | 6. (c) If alive, give age years

8. AGE: Years 55 | Months | Days | If less than one day hrs. | min.

9. Birthplace..... Laurel MD

(Town, county, and state)

10. Usual occupation..... Accounting

11. Industry or business

12. Name Howard Garrison

13. Birthplace..... Laurel MD

14. Maiden name..... Fannie Downey

15. Birthplace..... Laurel MD

16. Informant..... Eila Jenkins Sister

Address 5126 - 5th St N St DC

Burial

Date thereof 15-23-46

(Burial, cremation, or removal. Which?)

Cemetery or crematory Arlington National Cemetery

Location Arlington Va

18. Funeral director..... S. B. Nunes Co.

Address Washington DC

19. Date record by registrar..... May 20 1946 M. C. Elliott Esq.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town..... Washington DC

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1319 - Park Road NW

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19, 1946, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 09

and that I saw him in fo. May 19, 1946, fo.

Immediate cause of death.....

Apparently, coronary thrombosis

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op. /

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

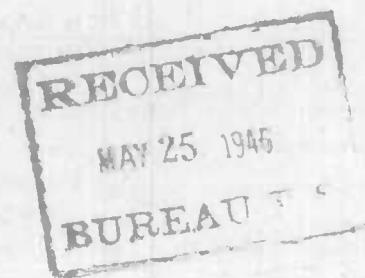
Means of injury.....

Injured at work?

23. SIGNATURE..... John L. MacKenna, M.D.

M. D. or other

Address..... San Mateo, CA Date signed May 19-46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33

CERTIFICATE OF DEATH

04769

Reg. Dist. No. 103

1. PLACE OF DEATH:

County.....

City or town.....

Charles
Rural La Plata

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Maggie Minor

4. Sex

F

5. Color or race

Col

6.(a) Single, married, widowed, or divorced

Married

8.(b) Name of husband or wife

Jerome Minor

7. Birth date of deceased (mo., day, yr.)

Mar. 23, 1900

8.(c) If alive, give age years

8. AGE:

Years
46Months
1Days
20

If less than one day

hrs.

min.

9. Birthplace.....

Mar. La Plata

(Town, county, and state)

10. Usual occupation.....

Housewife

11. Industry or business

MOTHER FATHER

12. Name.....

Joe Marshall

Ches. Co. Md

13. Birthplace.....

Susan Dorsey

Ches. Co. Md.

14. Maiden name.....

Jerome Minor

La Plata, Md.

15. Birthplace.....

Burial

Date thereof.....
(month) (day) (year)
5/22/46

16. Informant.....

Address

Sacred Heart

Cemetery or crematory.....

La Plata, Md.

Location.....

Hunt & Tamm

18. Funeral director.....

Wadley, Md.

Address

May 22 46

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infant, give residence of mother)

State.....

Md County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)
La Plata, Md

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 19

19

46 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 17, 1946, to

and that I last saw her alive on May 17, 1946.

Immediate cause of death

Congestive heart failure

Due to..... Hypertensive heart disease

Due to..... Essential hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

injured at work?

23. SIGNATURE.....

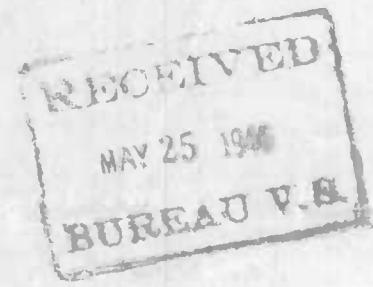
John F. MacKennaugh, M.D.

M. D. or other

Address.....

La Plata, Md.

Date signed 5-20-46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

Reg. Dist. No. 103
04771

1. PLACE OF DEATH:

County..... Charles

City or town..... White Plains

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 yrs.

Hospital, Institution, or street address where death occurred: _____

How long in hospital or institution? _____

3. (a) FULL NAME

Mary Louise Padgett

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

William L. Padgett

7. Birth date of deceased (mo., day, yr.)

February 23, 1865

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

81

2

21

hrs. _____ min.

9. Birthplace

White Plains, Charles, Md.

(Town, county, and state)

10. Usual occupation

House

11. Industry or business

own home

12. Name

William Edw. Dewart

13. Birthplace

Oxon Hill, Md.

14. Maiden name

Elijah Eleanor Wolfe

15. Birthplace

Ellicott City, Md.

16. Informant

William L. Padgett, Jr.

Address

Waldorf Rd.

Reservoir May 17 1946

17.

(Burial, cremation, or removal. Which?)

(Date thereof) (month) (day) (year)

Cemetery or crematory

Fort Lincoln Cemetery
3201 Reservoir Rd

Location

Naples Rd

18. Funeral director

The S. J. Naples Co

Address

2901 14th St. N.W.

19. 5-161

19. 46 M.C. record

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md.

County..... Charles

City or town..... White Plains

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14, 1946, at 11:55 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

May 10, 1946, to May 14, 1946,

and that I last saw her alive on May 10, 1946.

Immediate cause of death

Coronary thrombosis 5 minutes

Due to Generalized arteriosclerosis 1 1/2 yrs.

Due to

Other conditions Congestive heart failure 1 yrs.

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?)

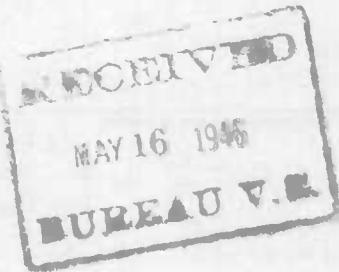
Means of Injury

Injured at work?

23. SIGNATURE Jane S. MacKennaugh, M.D.

M. D. or other

Address Saabla, Md. Date signed 5-14-46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 183

CERTIFICATE OF DEATH

Reg. Dist. No. 100
04772

1. PLACE OF DEATH:

County.....

Charles
La Plata Md

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

3 days

Hospital, institution, or street address where death occurred:

Physicians Name Hospital

How long in hospital or institution?.....

3 hrs

3. (a) FULL NAME

Donald Gordon Rutherford

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male white Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo. day, yr.) Feb 23 1943

6. (c) If alive, give age..... years

8. AGE: Years Months Days If less than one day

3 2 9 .hrs. .min.

9. Birthplace..... Hagerstown Md

(Town, county, and state)

10. Usual occupation..... none

11. Industry or business

12. Name..... Gordon H Rutherford

13. Birthplace..... Massillon Ohio

14. Maiden name..... Elsie B. Lahner

15. Birthplace..... Buffalo Ny

16. Informant..... Gordon H Rutherford

Address..... Hagerstown Md

17. Burial..... Date thereof..... May 4 1946

(Burial, cremation, or removal, Which?)

(month) (day) (year)

Cemetery or crematory..... St Marys Cemetery

Location..... Bayantown Md

18. Funeral director..... Elmer M Quade

Address..... Hagerstown Md

19. 5-3-46
(Date rec'd by registrar)

19

Julia H. Passey
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED,

(For newborn infants give residence of mother)

State..... Md

County..... Charles

City or town..... Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

name

MEDICAL CERTIFICATION

2d. DATE OF DEATH..... 5-2 1946 at 3 P.M.

2f. I CERTIFY that death occurred on the date above stated; that I attended deceased from

5-2-46 to 3 P.M.

and that I last saw him alive on

Immediate cause of death.....

Suffocation

Due to.....

Drowning

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Drowning Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... accident Date of

Where did injury occur?..... Rural Hagerstown Charles Md

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Farm

Means of injury..... Fall in well Injured at work?

Fall in well no

23. SIGNATURE.....

Bledden M.J.

M. D. or other

Address..... La Plata Md Date signed 5-2-46

RECEIVED

MAY 9 1945

BUREAU V



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 20003

CERTIFICATE OF DEATH

14573
Reg. Dist. No. 100

1. PLACE OF DEATH:

County... Possibly, Charles

City or town... Unknown - found on Popes Creek
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Unknown

Hospital, Institution, or street address where death occurred: Potowmack River

How long in hospital or institution?

3. (a) FULL NAME

Unidentified skeleton found 5-12-46

3. (b) Social Security Number

May 12, 1946

4. Sex Male 5. Color or race Probably white 6.(a) Single, married, widowed, or divorced Unbrown

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Unknown 6.(c) If alive, give age..... years

8. AGE: Years Months Days If less than one day
Adult hrs. min.9. Birthplace..... Unknown
(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address

17. Burial Date thereof... 5-13-46
(Burial, cremation, or removal. Which?) Cemetery or crematory

St. Pauls

Location Waldorf Md

18. Funeral director.....

Hector Ryan

Address

Waldorf Md

19. 5-13-46
(Date rec'd by registrar)

19x6

Julian H. Pacey

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town..... UNKNOWN
(If outside city or town limits, write RURAL and give nearest town)Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

MEDICAL CERTIFICATION

20. DATE OF DEATH Between Nov. 1945 and April 1946

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from May 12, 1946, to May 12, 1946,

and that I last saw him alive on May 12, 1946.

Immediate cause of death..... UNKNOWN

Due to..... probably external causes

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... UNKNOWN Date of P

Where did injury occur? Probable place of residence (City or town) (County) (State)

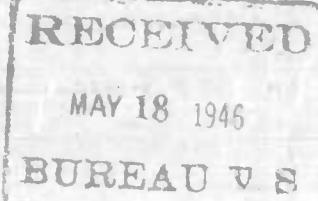
Injured at home, farm, industry, public place (where?) Postowmack River

Means of injury P Injured at work? P

Deputy Medical Examiner

23. SIGNATURE..... J. Mackay, M.D. M. D. or other

Address..... La Plata, Md. Date signed 5-13-46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 2d

CERTIFICATE OF DEATH

14774

187

Reg. Dist. No.

1. PLACE OF DEATH:

County.....

City or town.....

Charles
baseball field

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

Arthur E. Walsh.

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife.....

Lillian Wilson Walsh

7. Birth date of deceased (mo. day, yr.)

July 1, 1895

6. (c) If alive, give age 61 years

8. AGE:

Years
50Months
10Days
13

If less than one day

hrs. min.

9. Birthplace.....

Trenton N.J.

(Town, county, and state)

10. Usual occupation.....

Ride up motor

11. Industry or business

Show Business

MOTHER

12. Name.....

Not known

13. Birthplace

Ireland

14. Maiden name.....

Not known

15. Birthplace

Ireland

16. Informant.....

Mrs. Arthur E. Walsh

Address

baseball field ord.

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof.....
(month) (day) (year)
5-17-46

Cemetery or crematory

Green Lawn Cemetery

Location

Columbus Ohio

18. Funeral director

Hunt & Lynn

Address

Waldorf Ord.

19. (Date rec'd by registrar)

1946 M & Modern

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

City or town.....

New Jersey County.....

Street No.

(If outside city or town limits, write RURAL and give nearest town)

2.(a) If veteran, name war: _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

May 1st 1946 at 5-30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to May 14 1946

and that I last saw h..... alive on May 14 1946

Immediate cause of death.....

Bronchitis

DURATION

one day

Due to.....

Aneurysm of heart

6 yrs

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

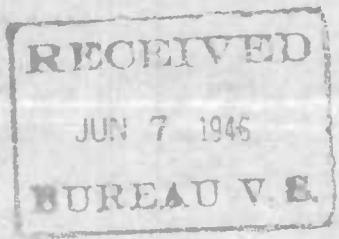
23. SIGNATURE.....

M. D. or other

Address.....

Date signed

5/14/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

147755

Reg. Dist. No.

1. PLACE OF DEATH:

County

City or town

Charles
Indian Head

Street address, hospital or institution:

28 Strauss Ave.

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 32 yrs. & s.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

Md.

Charles

Ward No.

Street No.

Indian Head

(If outside city or town limits, write RURAL NEAR and give town)

3. (a) FULL NAME

Barney Winfield Williams

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Elizabeth Goldie Williams

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

44 years

Oct. 4, 1897

8. AGE:

Years

Months

Days

If less than one day

48

7

10

hrs.

min.

9. Birthplace

Washington D.C.

(Town, county, and state)

10. Usual occupation

(U.S. Govt) Storekeeper

11. Industry or business

U.S. Govt

MOTHER FATHER

Joseph Williams

12. Name

Harriet Doethkold

13. Birthplace

Washington, D.C.

14. Maiden name

Harriet Doethkold

15. Birthplace

Baltimore, Maryland

16. Informant

Julia A. Tracy

Address

La Plata, Md.

17. (Burial, cremation, or removal. Which?)

Burial Date thereof 4-17-46

(month) (day) (year)

Cemetery or crematory

St. Charles

Location

Elymont MD

18. Funeral director

Hunt & Ryan

Address

Waldorf Md.

19. (Date rec'd by registrar)

5-16-46 M. P. MARS

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 14 1946 at 30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw him alive on

19

Immediate cause of death

Coronary Thrombosis

DURATION

1 day

Due to Hypertension & heart disease

14th

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

Frank L. Searle Jr.

M. D. or other

Address Indian Head Date signed 5/14/46

